Message: RE: March Invoice

RE: March Invoice

From Kraft, Emily **Date** Wednesday, March 1, 2017 1:40 PM

To 'Kristen M. Setterlund, MSW, LCSW'

Cc

LFCS March Invoice.xlsx (16 Kb HTML) **image001.png** (3 Kb HTML) **image002.jpg** (3 Kb HTML) **image003.jpg** (1 Kb HTML) **image004.png** (2 Kb HTML) **image005.png** (3 Kb HTML) **image006.png** (2 Kb HTML)

I fixed the field for you. You're good to sign and submit now. Just be sure you update the invoice information first (it still says Feb info).

From: Kristen M. Setterlund, MSW, LCSW [mailto:KristenS@LFCS.org]
Sent: Wednesday, March 01, 2017 1:36 PM
To: Kraft, Emily
Subject: RE: March Invoice

Sorry, not sure why it didn't save. Here's what it's doing.

Kristen M. Setterlund, MSW, LCSW
Program Manager
Lutheran Family and Children's Services of Missouri

9666 Olive Boulevard
Suite 400 | St. Louis , MO 63132
Direct: 314-754-2740 | Fax: 314-292-8519 | Mobile: 314-281-1121
| Toll Free: 1-866-326-LFCS (5327)
KristenS@LFCS.org | www.lfcsmo.org

From: Kraft, Emily [mailto:Emily.Kraft@oa.mo.gov]
Sent: Wednesday, March 01, 2017 1:19 PM
To: Kristen M. Setterlund, MSW, LCSW
Subject: RE: March Invoice

Hi Kristen - The version you sent me doesn't show a number in C19 because there isn't one entered there.

From: Kristen M. Setterlund, MSW, LCSW [mailto:KristenS@LFCS.org]
Sent: Wednesday, March 01, 2017 1:15 PM

To: Kraft, Emily
Subject: March Invoice

Hi Emily,
I attached our March invoice. I haven't signed it yet because the amount in C19 isn't showing up. I think it's the size of the box and the math is still correct, but wanted to see if I should send it as is or if there's a way to update it to show the amount.
Thanks for your help,
Kristen

Kristen M. Setterlund, MSW, LCSW
Program Manager
Lutheran Family and Children's Services of Missouri

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Invoice

	A	B	C	D	E	F	G	H	I	J	K	L	M
1					**Alternatives to Abortion Invoice**								
2													
3	**Contract #**	CS170042007					**Vendor Name:**	Lutheran Family and Childrens Services of Missouri					
4	**Vendor Number:**	43065265000/MB00091282					**Vendor Address:**	9666 Olive Blvd Suite 400					
5								St. Louis, MO 63132					
6													
7	**Bill To:**	Office of Administration											
8		Commissioner's Office											
9		201 W. Capitol Ave, Room 125											
10		Jefferson City, MO 65101											
11													
12	**Invoice Number:**	43176915101											
13	**Invoice Date:**				2017-02-15								
14	**Service Period:**	February											
15													
16													
17	**Total Contracted Allocation**		**Prior Invoiced Total**		**Monthly Award Amount**								
18													
19	$ 364,538.56		$ 72,907.71		$ 72,907.71								
20													
21	Quarterly expenditure adjustment:				$ -								

	Total Due:	**$ 72,907.71**
	Allocation Remaining	$ 218,723.14

Signature: _____